

2018 Statement of Income and Expenses

for LOBBYISTS (RSA Chapter 15)

## RECEIVED

PLEASE PRINT

JUL 1 8 2018

| 1. Name of Lobbyist(s) Robert J. Sculley  | NEW HAMPSHIRE                         |
|---|---------------------------------------|
| II. Name of lobbyist's partnership, firm or corporation, if any:  | DEPARTMENT OF STATE                   |
| New Hampshire Motor Transport association   | · · · · · · · · · · · · · · · · · · · |
| (Name of partnership, firm or corporation)  | •                                     |
| Business Address; (Street) (Town/City) (State)  | 0.330/                                |
| (**************************************   | (Zip Code)                            |
| (603 224-7337 (608 225-936) e-mail Y Scull (Telephone) (Fax)  | ley@nhmta.org                         |
| III. This statement covers: (Choose one – file separate reports for each client, OR you may reportable expense transactions which are not attributable to any one client).  | file a separate report for            |
| ☐ All reportable transactions occurring in the months prior to the reporting date relative to the f   | following client:                     |
| NH MOTOX Jransport association (Full Name of Client as it appears on the Lobbyist Registration Form)  |                                       |
| (Full Name of Client as it appears on the Lobbyist Registration Form)   |                                       |
| OR  All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying fi unrelated to any particular client.   | rm listed below which are             |
| IV. Date of Report April 25, 2018   Suly 25, 2018   July 25, 2018   Reports cover: activity from date of registration to 3/31/18 activity from 4/1/18 to 6/30/18  |                                       |
| _ :   | •                                     |
| October 31, 2018  |                                       |
| V. There have been no fees received and no reportable transactions made since the If this box is checked, complete just this form and submit it to the Secretary of State's Office, State Concord, NH 03301.              |                                       |
| Vh Check if additional reports are attached:  |                                       |
| 1 If you have received fees or made expenditures, you must file Addendum A- Fees and Expe   | enses                                 |
| ☐ If you have paid an honorarium or reimbursed expenses, you must file Addendum B- Report Expense Reimbursement   | rt of Honorariums or                  |
| If you, your firm, or your family has made political contributions, you must file Addendum  | C- Political Contributions            |
|   | ·                                     |
| Sworn Statement/Affirmation by Lobbyist  I have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and hereby swear or affirm that the formand complete to the best of my knowledge and belief.  (Signature offloobyist)  (Date) | egoing information is true            |
| (Print Name of lebbying)  |                                       |

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### Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

|  | JUL 10 Z   | บเช      |
|--|--|----------|
| 1. Name of Lobbyist(s) Robert J. Sculley   | NEW HAMPS  | HIRE     |
| II. Name of lobbyist's partnership, firm or corporation, if any:   | DEPARTMENT   | 7F STATE |
| New Hampshire Motor Transport associate (Name of partnership, firm or corporation)   | 100  |          |
| III. Name of Client NH Motor Transport association   | Date   |          |
| IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The groreduced by any expenses:   | relations, or public relations services see amount reported shall not be |          |
| a) Total of all fees received in this reporting period   | a)\$ 4,200.00  |          |
| b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year).  | a)\$ 4,200.00<br>b)\$ 10,950.00  |          |
| c) Total of all fees received to date (Add lines a and b)  | c)s_15,150.00  |          |
| d) Indicate the amount of any such fees that are due, but have not yet been paid   | d) \$  |          |
| V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to reffees. Separate reports are to be filed for expenditures made relative to each the lobbyist(s)/firm that are unrelated to any one client a separate report in the components of the lobbyist(s)/firm that are unrelated to any one client a separate report in the components of the lobbyist(s)/firm that are unrelated to any one client a separate report in the components of the lobbyist(s)/firm that are unrelated to any one client a separate report in the lobbyist(s)/firm that are unrelated to any one client a separate report in the lobbyist(s)/firm that are unrelated to any one client a separate report in the lobbyist(s)/firm that are unrelated to any one client a separate report in the lobbyist(s)/firm that are unrelated to any one client a separate report in the lobbyist(s)/firm that are unrelated to any one client a separate report in the lobbyist(s)/firm that are unrelated to any one client a separate report in the lobbyist(s)/firm that are unrelated to any one client a separate report in the lobbyist(s)/firm that are unrelated to any one client a separate report in the lobbyist(s)/firm that are unrelated to any one client a separate report in the lobbyist (s)/firm that are unrelated to any one client as the lobbyist (s)/firm that are unrelated to any one client as the lobbyist (s)/firm that are unrelated to any one client as the lobbyist (s)/firm that are unrelated to any one client as the lobbyist (s)/firm that are unrelated to any one client as the lobbyist (s)/firm that are unrelated to any one client as the lobbyist (s)/firm that are unrelated to any one client as the lobbyist (s)/firm that are unrelated to any one client as the lobbyist (s)/firm that are unrelated to any one client as the lobbyist (s)/firm that are unrelated to any one client as the lobbyist (s)/firm that are unrelated to any one client as the lobbyist (s)/firm that are unrelated to any one client as the lobbyist (s)/firm that are unrelated to any one c | lient and if expenditures are made by                                    |          |

by Expenses are to be reported in one of three categories of expenses: (a) the aggregate total of all expenses paid during the reporting period for salaries, benefits, support staff, and office expenses; (b) the aggregate total of all individual expenses where the expenditure was of \$25.00 or less (for example: meals purchased during a business lunch where the cost was \$25.00 or less, purchase of a pen with a value of less than \$10 that is given to the person being lobbied, purchase of a ceremonial object given to a person being lobbied with a value of \$25.00 or less); and (c) an itemized statement of each individual expenditure made during this reporting period of greater than \$25.00 for any purpose not covered by (a) (for example: purchase of a meal with value of greater than \$25, purchase of a ceremonial object to be given to the subject of lobbying with a value greater than \$25, but not greater than \$50, restaurant expenses for a legislative reception). Expenses for honorariums, expense reimbursement, or political contributions will be reported on separate addendums and should not be reported on Addendum A.

- a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.
- b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.
- c) Total of all itemized expenditures reported in detail in section VI.

| a) \$ | ' / |   |
|-------|-----|---|
| ,     |     | , |
| b) \$ | 9   | , |
| -,-   |     |   |

| d) Total expenses for this reporting period  | d) \$                              |
|--|------------------------------------|
| . (Add lines a, b and c)   |                                    |
| e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report) | e) \$                              |
| f) Total of all expenses year to date  | f) \$                              |
| VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from loperiod, including by whom paid or to whom charged.   | obbying fees during this reporting |
| Paid to:   | Amount:                            |
|  | s                                  |
| · · · · · · · · · · · · · · · · · · ·  | ss                                 |
| •  | \$                                 |
|  | \$                                 |
| · · · · · · · · · · · · · · · · · · ·  | \$                                 |
|  | \$                                 |
|  |                                    |
| ***************************************  |                                    |
| Sworn Statement/Affirmation by Lobbyist  |                                    |
|  |                                    |
| I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm is true and complete to the best of my knowledge and belief.                         | that the foregoing information     |
| (Pake 1) cur   | 7 · 1 3 · 18                       |
| (Signature of lobbyist)  | (Date)                             |
| Robber J. Swilly   |                                    |
| (Print Name of lobbyist)   |                                    |

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

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|                  | $\mathfrak{I}$  | • • •                                      |
|------------------|---|--|
| P<br>L           | 1. Name of Lobbyist(s) Robert J. Sculley  | NEW HAMPSHIRE                              |
| E                | II. Name of lobbyist's partnership, firm or corporation, if any:  | DEPARTMENT OF STATE                        |
| A<br>S<br>E      | New Hamps hire Motor Francourt association  |  |
| P                | III. Name of Client NH MOTOR Transport associationale   | •  |
| R<br>I<br>N<br>T | Political Contributions For each political contribution that is reportable pursuant to RSA Chapter 664 paid or client/lobbyist and lobbying firm, indicate the following:   | n behalf of the                            |
|                  | And the second s  | 2 PA € ane/Initial)                        |
|                  | Amount of contribution \$\(\frac{\partial \text{VLS}}{\partial \text{VLS}}\). Office Candidate is Seeking   | vided, and enter the al cost is not known, |
|                  |   | <del></del>                                |
|                  |   |  |
| ]                | Full name of candidate: BUDSETL REGULA  | •  |
| 1                | (Last Name) (First Name) (Middle Namount of contribution \$Office Candidate is Seeking  | me/Initial)                                |
|                  | f the contribution is an in-kind contribution, provide a description of the goods or services provided cost of the in-kind contribution on the line above for amount of contribution. If the actual nter an estimated value and the word "estimate."  | rided, and enter the l cost is not known,  |
| _                |   |  |
| -                |   |  |
| =                |   |  |
| F                | ull name of candidate: AVANO KAIN   |  |
| Α                | (Last Name) (First Name) (Middle Name) mount of contribution \$ \frac{1}{2} \sumset \infty \colon \infty \rightarrow \rightarro | ne/Initial)  WATE                          |

|   | If the contribution is an in-kind contribution, provide a descript actual cost of the in-kind contribution on the line above for amounter an estimated value and the word "estimate." | ion of the goods or services provided, and enter the punt of contribution. If the actual cost is not known, |
|---|---|---|
| • |   | ,<br>   |
|   |   |   |
|   | (If more than three contributions were made, report additional contributions)   | ons on separate addendum ( formt )  |
|   | Lobbyist  |   |
|   | I have read RSA 15, RSA 15-B and RSA 664 and hereby sv<br>is true and complete to the best of my knowledge and belief   | vear or affirm that the foregoing information   |
|   |   |   |
|   | (Signature of lobbyist)   | 1-13-18   |
|   | (Signature of lobbyist)  (Signature of lobbyist)  (Print Name of lobbyist)  | 1-13-18<br>(Date)   |
|   | ROBBET  |   |

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Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

## RECEIVED

JUL 1 8 2018

| P<br>L           | I. Name of Lobbyist(s) Kobert O. Sculley   | NEW HAMPSHIRE                                  |
|------------------|--|--|
| E                | II. Name of lobbyist's partnership, firm or corporation, if any:   | DEPARTMENT OF STATE                            |
| A<br>S<br>E      | New Hampshire Motor Januport association   | ·  |
| P                | III. Name of Client NH Motor Transport associations  | •  |
| R<br>I<br>I<br>I | Political Contributions For each political contribution that is reportable pursuant to RSA Chapter 664 paid client/lobbyist and lobbying firm, indicate the following:   | on behalf of the                               |
|                  | Full name of candidate: Tuns DAN (Last Name) (First Name) (Middle  | Name/initial)                                  |
|                  | Amount of contribution \$ 250.   |  |
|                  | If the contribution is an in-kind contribution, provide a description of the goods or services p actual cost of the in-kind contribution on the line above for amount of contribution. If the ac enter an estimated value and the word "estimate." | rovided, and enter the tual cost is not known, |
| J                | Full name of candidate: (Last Name) (First Name) (Middle N   |  |
|                  | (Last Name) (First Name) (Middle Namount of contribution \$ 250.   | Vame/Initial)                                  |
|                  | f the contribution is an in-kind contribution, provide a description of the goods or services proctual cost of the in-kind contribution on the line above for amount of contribution. If the actual restimated value and the word "estimate."      | ovided, and enter the pal cost is not known,   |
| _                |  | <del></del>                                    |
| _                |  |  |
| F                | full name of candidate: BRANKEY JEB (Last Name) (First Name) (Middle No.)  | ame/Initial)                                   |
| A                |  | WATE   |

|   | If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate." |
|---|---|
| • |   |
|   | (If more than three contributions   |
|   | (If more than three contributions were made, report additional contributions on separate addendum C forms.)  Sworn Statement/Affirmation by Lobbyist  |
|   | I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.   |
|   | (Signature of lobbyist)  (Date)   |
|   | (Print Name of lobbyist)  |
|   |   |
|   |   |

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

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| P I. Name of Lobbyist(s)  | Robert J.                         | Sculley                           |                 | JUL 1 8 2018                             |
|---|-----------------------------------|-----------------------------------|-----------------|--|
| II. Name of lobbyist's pa   | artnership, firm or o             | <u> </u>                          | o in            | NEW HAMPSHIRE<br>DEPARTMENT OF STAT      |
| (Name of part)  | arrieramb' must of comporatio     | n)                                |                 | •  |
| Political Contributions For each political contrib client/lobbyist and lobbyi   | ution that is renortab            | le nurquant to DCA OL-            | <del>-</del>    | d on behalf of the                       |
| Full name of candidate: _   | (Lasi Name)                       | (First Name)                      | ) / (Midd       | le Name/Initial)                         |
| Amount of contribution \$   | 2 30.00                           | Office Candidate                  |                 |  |
| If the contribution is an in-ki<br>actual cost of the in-kind con<br>enter an estimated value and   |                                   | ove for amount of contrib         | oution. If the  | actual cost is not known,                |
| actual cost of the in-kind con<br>enter an estimated value and  |                                   | ove for amount of contrib         | oution. If the  | actual cost is not known,                |
| enter an estimated value and  |                                   | ove for amount of contrib         | oution. If the  | actual cost is not known,                |
|   |                                   | (First Name)                      | oution. If the  | actual cost is not known,  Name/Initial) |
| enter an estimated value and  | the word "estimate."  (Last Name) | (First Name)                      | (Middle         | actual cost is not known,                |
| Full name of candidate:   | (Last Name)                       | (First Name)  Office Candidate is | (Middle         | actual cost is not known,                |
| Full name of candidate:  Amount of contribution \$  If the contribution is an in-kin actual cost of the in-kind cont  | (Last Name)                       | (First Name)  Office Candidate is | (Middle         | actual cost is not known,                |
| Full name of candidate:  Amount of contribution \$  If the contribution is an in-kin actual cost of the in-kind contenter an estimated value and the contribution is an in-kind contenter an estimated value and the contenter and th | (Last Name)                       | (First Name)  Office Candidate is | (Middle         | actual cost is not known,                |
| Full name of candidate:  Amount of contribution \$  If the contribution is an in-kin actual cost of the in-kind cont  | (Last Name)                       | (First Name)  Office Candidate is | (Middle Seeking | actual cost is not known,                |

|   | If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, |
|---|---|
|   |   |
|   |   |
|   |   |
|   | (If more than three contributions were made, report additional contributions on separate addendum C forms.)   |
|   | Sworn Statement/Affirmation by Lobbyist   |
|   | I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information  |
|   | Vale Volum  |
|   | (Signature of lopbyist)  P-BENT J. Scarce (Date)  |
|   | (Print Name of lobbyist)  |
| • |   |
|   |   |
|   |   |